



# SOIL EVALUATION FOR ONSITE SEWAGE SYSTEMS

State Form 48100 (R / 10-08)

INDIANA STATE DEPARTMENT OF HEALTH

Type of system: <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		County		Date of survey (month, day, year)	
Name of owner					
Address (number and street, city, state and ZIP code)					
Home telephone number (     )		Work telephone number (     )		Cellular number (     )	
E-mail address					
Name of person requesting assistance					
Address (number and street, city, state and ZIP code)					
Home telephone number (     )		Work telephone number (     )		Cellular number (     )	
E-mail address					
LOCATION OF PROPERTY					
Address of property (number and street, city, state and ZIP code)					
Name of township		Name of subdivision			Lot number
Legal description			Section	Township	Range
Global Positioning Satalite (GPS) Latitude			Global Positioning Satalite (GPS) Longitude		
USE OR TYPE OF FACILITY					
Stage of Development: <input type="checkbox"/> New (Planning) <input type="checkbox"/> New (Under construction) <input type="checkbox"/> Existing <input type="checkbox"/> System failure <input type="checkbox"/> Change of use					
Water supply: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Existing <input type="checkbox"/> Proposed			Weather Conditions: _____ °F <input type="checkbox"/> Clear <input type="checkbox"/> Overcast <input type="checkbox"/> Rain <input type="checkbox"/> Snow		
If Commercial, name of business					
Number of bedrooms		Design flow considerations			
Name of person(s) present during evaluation					
Availability of perimeter drain (show on site plan)					
Brief description of site and comments:					
Signature of soil scientist conducting survey			Name of soil scientist conducting survey		IRSS registration number

## SOIL EVALUATION FOR ONSITE SEWAGE SYSTEMS - SITE PLAN

*Site plan must include: Lot size, dimensions, configuration; direction of geographic north; roads and driveways; streams, ditches, ponds, lakes, bodies of water; location of all existing structures and wells; location of all soil borings from fixed benchmark(s). Show scale used.*

County

Name

Date (month, day, year)

# INDIVIDUAL SOIL PROFILE DESCRIPTION

County	Name	Date (month, day, year)
Equipment used	Slope (%)	Depth in inches to
Soil atlas number and date	Slope aspect	Bedrock
Map unit name	Surface cut or fill?	Fragic characteristics
Family classification	Fill depth (inches)	Gravel, coarse sand
Present land use		Dense glacial till
Present vegetation	Wetness characteristics	Artificial compaction
Landform	Depth to seasonal high water table (inches)	BC Horizon
Landform component	Depth to free water, if present (inches)	Massive-firm structure
Modifier	Seeps or springs?	High shrink / swell
Shape of slope	Ponds water	Pressure faces / slickensides

Coordinates (decimal degrees or NAD83, Zone 16)

Site number and location

DEPTH (inches)	HORIZON DESIGNATION	SOIL COLORS			TEXTURE	CLAY (%)	STRUCTURE			CONS- ISTENCY	CO. FR. (%)	ROOTS (# / size)	EFFER- VESENCE	PARENT MATERIAL
		MATRIX	MOTTLES	COATINGS			GRADE	SHAPE	SIZE					

Identify extent of areas of soil disturbance (cut / fill) on site map.

Soil Moisture: ☐ Dry ☐ Moist ☐ Near saturation ☐ Frozen

Comments: